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July 10, 2003

REVISED

To:

Board Deputies

From:

Robert Ryans, Director

Subject:

LOS ANGELES TIMES ARTICLE ON THE GRAND JURY REPORT

On June 28, 2003, the Los Angeles (LA) Times published an article in response to the final 2002-03 Los Angeles County Civil Grand Jury Report. This is to provide you with a summary explanation of the points raised in the L.A. Times article regarding some of our services.

1. Congregate Meals Program Selection and Choice

Choice is available and is utilized within the context of health and food safety regulations such as the USDA Nutritional Requirements, (chart attached), the California Uniform Retail Food Facilities Law, California Code of Regulations Title 22, Hazard Analysis Critical Control Point Principles and County environmental health standards for food safety.

The purpose of these requirements is to protect the health and safety of consumers and to protect the County from liability. For this reason, meals may not be taken home.

However, in spite of the health and safety regulations, Community and Senior Services (CSS) has several mechanisms built into the meal service program operation that provides an opportunity for consumers (seniors age 60 and over) who participate in our program at 108 nutrition meal sites, to have input on the menu and meal service. They are as follows:

- a. Each Congregate meal program has a project advisory council (many with food committees) made up of consumers. A major part of their role and responsibility is to provide input on the Congregate meal program, which includes menu selection and approval, and, at times recommendations on the selection of the caterer.
- b. An annual survey is administered at each meal site for consumers to indicate their food preferences. Unpopular food items are removed from the menus the following year as a result of the survey results.

- All congregate meal programs offer choices in entrees at least two to four times a month.
- d. CSS currently provides culturally diverse, authentic ethnic meals such as Chinese, Cambodian and Latino style meals. Other types of cultural meals may be introduced in the future as the need arises and resources become available.

2. Capacity to meet the community long term needs of the aged and disabled in the future decade

On January 21, 2003, L.A. County adopted the Long Term Care Strategic Plan for the Aged and Disabled Adults, that designated the director of CSS to take a lead role in coordinating and facilitating implementation of the plan's goals and objectives in collaboration with relevant County departments and community leadership and support; and, to establish the Long Term Care Coordinating Council (LTCCC) comprised of County, provider, community, and consumer representatives to advise, implement and monitor progress on long-term care strategic planning and implementation. It also instructed relevant County departments and Commissions to designate a representative to the Council.

In addition, on July 15, 2003 the Board of Supervisors will introduce a motion to encourage a more aggressive approach to collaboration among County departments and will instruct relevant County departments to identify and maximize blended funding opportunities in the area of community based long term care.

3. Marketing of Senior Programs

CSS contracts with a myriad of cities and not for profit organizations to provide direct services to consumers. Our service and planning area cover the entire County with the exclusion of the City of Los Angeles. Further, we must ensure that we respond to the various culturally diverse populations in Los Angeles County. For this reason, the bulk of the marketing activities are decentralized for the local providers to implement. CSS/Area Agency on Aging has preferred not to build false expectations by conducting aggressive marketing campaigns that would stimulate a level of demand for service that cannot be met.

The emphasis of our programs is on Outreach conducted by each provider, to identify consumers who are eligible and in need of the services.

4. Senior Community Service Employment Program (SCSEP) cost per participant

The actual cost per enrollee is determined by the number of enrollee slots allocated by the State to the program and not the number of unsubsidized placements. Hence the true cost of the program is \$9,067.73 based on 260 slots. Also, the success of the program is measured by State and Federal placement goals of 25% and 20% respectively. CSS continues to exceed both State and Federal placement goals.

I sincerely hope this clarifies the areas that were highlighted in the L.A. Times' article concerning some of the services offered by CSS. Please contact me, or my Executive Assistant Patricia Senette-Holt at (213) 738-2065 if you have any questions. The Grand Jury Report had many favorable things to say about our programs that I would like to also focus on in the future.

RR:PSH:dn

Attachment

c: Chief Administrative Office

Each meal must meet the following requirements:

Nutrient Values for Meal Planning and Evaluation			
	1 meal/day 33% RDA/AI	2 meals/day 67% RDA/AI	3 meals/day 100% RDA/AI
Macronutrients			
Kilocalories (Kcal)(1)	685	1369	2054
Protein (gm)(2,3) [20% of total Kcal (gm)] (4)	19 34	37 69	56 103
Carbohydrate (gm) (5) [50% of total Kcal (gm)] (4)	43 86	87 171	130 257
Fat (gm) [30% of total Kcal (gm)] (6)	23	46	68
Saturated Fat (<10% of total Kcal) (7)	Limit intake (8)		
Cholesterol (<300 gm/day) (7)	Limit intake (8)		
Dietary Fiber (gm)(3)	10*	20*	30*
Vitamins			
Vitamin A**(ug) (3)	300	600	900
Vitamin C (mg) (3)	30	60	90
Vitamin D (ug) (3)	5*	10*	15'
Vitamin E (mg)	5	10	15
Thiamin (mg) (3)	0.40	0.80	1.20
Riboflavin (mg) (3)	0.43	0.86	1.30
Vitamin B6 (mg) (3)	0.57	1.13	1.70
Folate (ug)	133	267	400
Vitamin B12 (ug)	0.79	1.61	2.4
Minerals			
Calcium (mg)	400*	800*	1200
Copper (ug)	300	600	900
Iron (mg)	2.70	5.30	8.00
Magnesium (mg) (3)	140	280	420
Zinc (mg) (3)	3.70	7.30	11.00
Electrolytes			
Potassium (mg) (9)	1167	2333	350
Sodium (mg) (7)	<800	<1600	<240

^{*} RDAs are in bold type and Adequate Intakes (AIs) are in ordinary type followed by an asterisk (*).

^{**}Vitamin A should be provided from vegetable-derived (carotenoid) sources. See Issue Panel Report on Dietary

Reference Intakes and Dietary Guidelines in Older Americans Act Nutrition Programs.

(1) Value for 75 year old male, height of 5'7", " low active" physical activity level (PAL). Using Table 5-22 Estimated Energy Requirements (EER) for Men and Women 30 Years of Age, calculated the median BMI and calorie level for men and subtracted 10 kcal/day (from 2504 kcal) for each year of age above 30.

(2) The RDA for protein equilibrium in adults is a minimum of 0.8g protein/kg body weight for reference body

weight.

⁽³⁾ Used highest DRI value for ages 51+ and male and female.
(4) Acceptable Macronutrient Distribution Ranges (AMDRs) for intakes of carbohydrates, proteins, and fats are

expressed as percent of total calories. The AMDR for protein is 10-35%, carbohydrate is 45-65%, total fat is 20-35%.

- (5) The RDA for carbohydrate is the minimum adequate to maintain brain function in adults.
- (6) Because the percent of energy that is consumed as fat can vary greatly while still meeting daily energy needs, an AMDR is provided in the absence of an AI, EAR, or RDA for adults.
- (7) Recommendations from the Dietary Guidelines for Americans 2000.
- (8) Saturated fats, trans fatty acids, and dietary cholesterol have no known beneficial role in preventing chronic disease and are not required at any level in the diet. The recommendation is to keep intake as low as possible while consuming a nutritionally adequate diet, as many of the foods containing these fats also provide valuable nutrients. Institute of Medicine, Food and Nutrition Board. Dietary Reference Intakes for Energy, Carbohydrates, Fiber, Fat, Fatty Acids, Cholesterol, Protein, and Amino Acids. Washington, DC: National Academy Press; 2002.
- (9) National Research Council, Food and Nutrition Board. Recommended Dietary Allowances. 10th ed. Washington, DC: National Academy Press; 1989.